



UNIVERSITY OF ROCHESTER DEPARTMENT OF PUBLIC SAFETY

TITLE: Public Automatic Defibrillator, Intranasal Naloxone (NARCAN), and Bleeding Control Kits Maintenance and Inspection

GENERAL ORDER#: 1209

IACLEA STANDARDS: N/A

PURPOSE

This procedure establishes guidelines for the retention of Automatic External Defibrillators (AED), Intranasal Naloxone (NARCAN), and bleeding control kits located at the various campuses and properties owned, operated and/or controlled by the University of Rochester.

POLICY

This procedure establishes the guidelines for inspecting, maintaining, and testing public Automatic External Defibrillators (AED), the co-located placement and the retention of bleeding control kits within AED cabinets at the University of Rochester (UR), including Strong Memorial Hospital and its off-site locations (excludes in-patient units).

This program applies to all UR properties, and UR sites where the University (including the clinical enterprise), and to those who have been designated by their department to be responsible for their AEDs.

AED cabinets located on the River Campus, Eastman School of Music, Medical Center Complex, River Road and off-site properties where UR has a physical presence or responds for emergency services, will also be used to co-locate Naloxone, commonly known as Narcan HCl. Narcan is an FDA approved nasal spray for the treatment of known or suspected opioid overdose.

Public Safety (DPS) shall only maintain the NARCAN and Bleeding Control kits identified Department owner, operator, or administer will be responsible to maintain the AED. DPS officers are trained in the use of NARCAN and Bleed Control Kits. Anyone may request Bleed Control kit training by emailing trauma@urmc.rochester, and Narcan training by contacting Strong Recovery at (585) 275-3161

Anyone using any of the devices co-located in the AED cabinets is expected to contact Public Safety at 275-3333 as part of the life-saving process.

DEFINITIONS

AED - An Automated External Defibrillator means a medical device, approved by the United States Food and Drug Administration, that:

- Is capable of recognizing the presence or absence in a patient of ventricular fibrillation and rapid ventricular tachycardia;
- Is capable of determining, without intervention by an operator, whether defibrillation should be performed on the patient;
- Upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to the patient's heart; and

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RE-EVALUATION: Annual



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- Then, upon action by an operator, delivers an appropriate electrical impulse to the patient's heart to perform defibrillation.

Bleeding Control Kits - Are designed to provide essential equipment that allows the general public to take action as immediate responders in stopping life threatening bleeding.

Intranasal Naloxone (NARCAN) - An injectable intranasal prescription medication that can be used to temporarily reverse the effects of an opioid drug overdose. Opioid drugs include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, and codeine.

LOCATIONS

- A. AED Locations – New York State Public Health Law 225 requires an AED in each public assembly with an occupancy capacity of at least 1,000 people and all stadiums, ballparks, gymnasiums, field houses, arenas, civic centers or similar sporting events, and concert recital halls, theaters, indoor or outdoor amphitheater or other auditoriums used for musical renditions or concerts.
- B. All other building managers or departments on campus have the option to install a public access AEDs and once an AED is installed, the respective owners shall be responsible for the unit and shall follow this public access AED policy.
- C. AEDs should be located in public spaces, near a campus phone in a wall-mounted cabinet to prevent tampering. AEDs should be easily accessible and allow for facilitation of periodic inspections. It is suggested AED cabinets should be equipped with support equipment including: two pairs of disposable gloves, two disposable facemasks, extra electrode pads, safety razor, absorbent towels or trauma pads, a pair of scissors, a biohazard bag for infectious waste disposal, an AED incident report form and pen and a bleeding control kit. In locations where children are likely to be present, there shall also be pediatric-sized electrode pads available.
- D. The public access defibrillation provider (the department or area that purchased the AED) shall post a sign or notice at the main entrance to the facility or building in which the AED is stored, indicating the location where any such AED is stored or maintained in such building or facility on a regular basis. (See Appendix B for sample signs.)
- E. Bleeding Control Kits that are provided in University AED cabinets are designed to provide essential equipment that allows the general public to take action as immediate responders in stopping life threatening bleeding. The kits are in a pre-packaged red nylon carry bag in each AED Cabinet, with "Bleed Control Kit" signage visibly displayed on the cabinet. There are also larger kits provided in higher occupancy locations. *Note: Public Safety shall only maintain the bleeding control kits co-located in the AED cabinets where DPS is the primary responder.*
- F. Intranasal Naloxone (NARCAN) kits that are provided in University AED cabinets are designed to provide essential equipment that allows the general public to take action as immediate responders in life threatening situations. *Note: Public Safety shall only maintain the NARCAN kits co-located in the AED cabinets where DPS is the primary responder.*

RESPONSIBILITIES

- A. Departments
 1. Designate a department AED Coordinator;
 2. Purchase, install and maintain AEDs;
 3. Have a written protocol for use of the AED that includes training requirements for AED users; a process to immediately notify Public Safety or 911; a process for identification of



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the location of the AED units; a process for routine inspection of the AED units as well as regular maintenance requirements as per manufactures recommendation;

4. Coordinate training for employees, as appropriate;
 5. Oversee training of personnel associated with the program;
 6. Place an AED back in service after use;
 7. Train personnel on the location of AEDs and site specific Medical Response Plan;
 8. Retain copies of all AED training records as well as equipment maintenance (Appendix A) and testing logs.
- B. AED Coordinator
1. Oversee the placement of public access AED equipment;
 2. Complete the Public Access Defibrillation Event Form if the public access defibrillator was used. The form can be found at: https://www.mlrems.org/media/7632/pad-eventformfillable2008_new.pdf.
- C. Owner, Operators and Administrators
1. Oversee the maintenance of public access AED equipment;
 2. Coordinate the inspection and maintenance;
 3. Verify maintenance records and testing are being conducted and documented regularly;
 4. Replace deteriorating, missing or used support equipment;
 5. Maintain records of maintenance and testing;
 6. Training shall be provided to each AED user and meet the requirements of New York State Department of Public Health Section 225-5-b (b). Whenever places of public assembly are used for public or private sponsored events the owner, operators and administrators shall ensure the presence of at least one staff person who is trained.
- D. Public Safety (DPS)
1. Public Safety has no operational responsibility or oversight for the AED's. Maintaining, inspecting, testing and overall responsibility for the AED's rests with the respective owner, operators and administrators.
 2. Public Safety is responsible for the maintenance of the Intranasal Naloxone (NARCAN) kits co-located in the AED cabinets to provide a centralized location for device access. Note: Public Safety shall only maintain the NARCAN kits co-located in the AED cabinets where DPS is the primary responder.
 3. Public Safety is responsible for the maintenance of the bleeding control kits co-located in the AED cabinets to provide a centralized location for device access. Note: Public Safety shall only maintain the bleeding control kits co-located in the AED cabinets where DPS is the primary responder.
 4. If a bleeding control or NARCAN kit is used from one of the AED cabinets maintained by DPS, notification to DPS is to be made so a replacement kit can be placed in the cabinet.
 5. AED cabinets that contain NARCAN will be sealed with tamper evident tape.

GENERAL PROCEDURES

- A. Public AED devices and bleeding control kits on University properties shall be recorded on a list maintained by DPS. Any new device installations are required to include a notification to DPS (at 6-5919) of the building, floor, nearest room number, and department responsible for installation, testing, and maintenance of the device. You will also be required to provide the manufacturers name, model and serial number to DPS. DPS will then notify Monroe-Livingston Regional EMS Council of all new locations.
- B. AED devices shall have signage at the building exterior, at the main entry door, indicating the location in the building. If multiple devices are located in the building, only the device nearest to the



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building entrance should be listed. The AED sign shall be affixed to the glass on the active leaf of double doors or of the central door set in buildings with a series of entry doors. Bleeding control kits signage will be placed on the AED cabinet. This signage shall be affixed to the interior of the door, on the glass, at approximately handle height.

- C. The sign shall include the international symbol for the AED and the text, "AED, Automatic External Defibrillator INSIDE" - this part of the sign shall be 5 inches wide by 3 inches tall. Below this will include a brief, one or two-line description of the location for the device (see examples on Appendix B). Orders for new signage shall be placed with the University sign shop; they will be responsible for fabrication & mounting of the signs on the designated entry doors. If a variation from the standard text or mounting is required, the sign shop shall contact Campus Planning for approval to proceed. The bleeding control kit sign is 11" x 2.5" with a red background and 1" white lettering "BLEEDING CONTROL KIT".

OWNER, OPERATORS AND ADMINISTRATORS PROCEDURES

- A. The AED performs a self-test daily
- B. The AED's extensive automatic self-test feature eliminates the need for any manual calibration.
- C. At a minimum AEDs will be visually checked at least monthly, to ensure the equipment is present and the cabinet/equipment have not been tampered with. There is no requirement for these monthly visual checks to be logged, however any issues discovered are to be immediately reported to the owner/operator of the effected equipment.
- D. Maintenance and testing of all AED units shall be conducted in accordance with the manufacturer's guidelines. At a minimum every six (6) months, AEDs will be visually inspected for the items listed below, and you may use Appendix A for documentation.
 1. A green indicator means the AED is ready for service.
 2. If the indicator is red with a black X, the AED requires maintenance and is not ready for use. Contact Strong Clinical Engineering for servicing.
 3. If the AED is located in a secured cabinet, verify the cabinet alarm battery (9v Alkaline) is installed and replace it annually.
 4. Open the soft case by un-snapping the two closures on each side of the unit
 5. Examine AED case and cover for foreign substances, damages or cracks.
 6. Inspect the status indicator. If a red, X is visible contact Clinical Engineering.
 7. Pads are located inside the cover of the unit.
 8. Make sure pads are pre-connected to the AED.
 9. Check the expiration dates. Verify the pads have not passed the expiration date (expiration date noted on foil pouch).
 10. Inspect package and make sure it is unopened.
 11. Replace tamper evident seals provided to the owner, operator or administrator by DPS.

AED COORDINATORS PROCEDURES

- A. Spare pads are not pre-connected (found in the case's back pouch).
- B. Verify presence of one set of spare adult pads and one set of pediatric pads (if applicable) are available.



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- C. After each use, clean and disinfect the unit with a soft, damp cloth using 90% isopropyl alcohol, or soap and water, or chlorine bleach and water mixture.
- D. Do not immerse any part of the unit in water.
- E. Do not use ketones (MEK, acetone, etc.) to clean the unit.
- F. Avoid using abrasives (i.e. paper towels) to clean the display window.
- G. Do not sterilize the device.
- H. After using an AED, follow the manufacturer's instructions prior to placing the AED back into service.
- I. After using an AED, fill out a Monroe-Livingston Regional Public Access Defibrillation Event Form found at: https://www.mlrems.org/media/7632/pad-eventformfillable2008_new.pdf.

REFERENCES

New York State Public Health Law 3000 (b)

New York State Public Health Law 225-5(b)

New York State Education Law 917 General Business Law 627-A Chapter 552 of the Laws of 1998 authorizing Public Access Defibrillation

APPENDICES/FORMS

Appendix A – AED Inspection Form

Appendix B – AED Sign Examples

First Issued: June 6, 2018

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GENERAL ORDER 1209 – APPENDIX A

AED user checklist (FRx AEDs)

	Routine checks every 6 months				Only if indicated		
AED location	*Green Ready light is flashing/the AED is ready for use	Spare battery present	Pads connected/ exp date	Extra set of pads present/ exp date	**Battery insertion self-test	Battery changed	Initials



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***Trouble shooting tips:**

- If the Ready light is solid: the FRx is in use or running a self-test
- If the Ready light is off, the FRx is chirping, and the i-button is flashing: A self-test error has occurred, there is a problem with pads, the Infant/Child key has been left installed, or the battery power is low. Press the i-button for instructions.
- If the Ready light is off but the FRx is not chirping and the i-button is not flashing: there is no battery inserted, the battery is depleted, or the defibrillator needs repair. Insert/replace the battery and run the self-test. As long as the FRx passes the self-test, you can be assured it is ready for use.
- If the Ready light does not flash after addressing the troubleshooting steps outlined above, take the AED out of service and contact clinical engineering.

After each AED use:

- Check for integrity and clean with hospital recommended agent.
- Replace single use AED pads. Ensure they are plugged into the AED. Record pads expiration date for the newly installed pads cartridge and extra set of pads.
- Complete a battery insertion self-test (see below).

**** Battery self-insertion test should be done only when:**

- The AED is first put into service
- After the AED is used to treat a patient
- When the battery is replaced
- When the AED may have been damaged

To complete a battery self-insertion test:

Take the battery out of the AED for 5 seconds and put it back in. Press the Shock button and On/off button when instructed. When the self-test is over, the FRx will report the result and tell you to push the green on/off button in case of emergency (*Do not push the green button unless this is an actual emergency*). The FRx will turn off and go to standby mode. The green Ready light will be blinking to show you the FRx is ready for use.



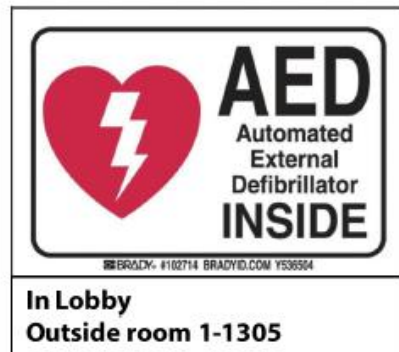
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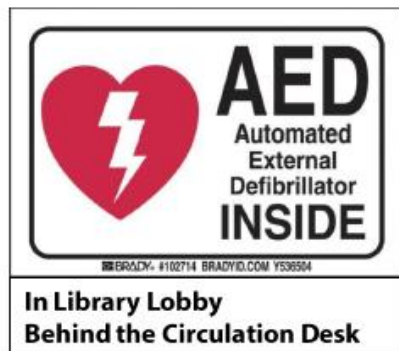
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GENERAL OREDER 1209 – APPENDIX B

AED Signage Examples



Medical Center Signage



University / General Signage